



FORM
ORG
(Rev. 5/2012)



HAWAII STATE ETHICS COMMISSION
ORGANIZATION'S EXPENDITURES AND CONTRIBUTIONS REPORT

'13 MAY 21 P12:58

STATE OF HAWAII
STATE ETHICS COMMISSION

REPORT YEAR: 2013

☐ Amended Statement

For Lobbying Reporting Period: ☐ January 1 - last day of February

☒ March 1 - April 30

☐ May 1 - December 31

ORGANIZATION INFORMATION

Healthcare Distribution Management Association
Organization Name

Elizabeth Gallenagh
Contact Person

901 N. Glebe Road, Suite 1000

Mailing Address (Number and Street or P.O. Box)

Arlington

City

VA

State

22203

Zip Code

(703) 787-0000

egallenagh@hdmanet.org

Telephone

Extension

Email Address

PART I. TOTAL EXPENDITURES

	Total Amount
1 Preparation & Distribution of Lobbying Materials 1	0.00
2 Media Advertising 2	0.00
3 Postage 3	0.00
4 Compensation Paid to Lobbyists (Attached Additional Sheets As Needed) List the names of all lobbyists and compensation paid to lobbyists during the statement period	
Lobbyist Name Compensation Paid	
A. Elizabeth Lankford A. 0.00	
B. B.	
C. C.	
D. D.	
E. E.	
F. F.	
G. Total from Additional Attached Sheet(s) G.	
Add lines A through G Total Compensation Paid 4	0.00
5 Fees Paid to Consultants (other than to Lobbyists) 5	0.00
6 Entertainment & Events 6	0.00
7 Receptions, Meals, Food & Beverages 7	0.00
8 Gifts 8	0.00
9 Loans 9	0.00
10 Other Disbursements 10	0.00
Add lines 1 through 10 Total Expenditures	0.00

EXPENDITURES OF \$25 OR MORE PER PERSON PER DAY

List all expenditures incurred for the purpose of lobbying of \$25 or more per person per day during the statement period.

Name & Address	Amount or Value
n/a	0.00

☐ Check here if additional sheets are attached

AGGREGATE EXPENDITURES OF \$150 OR MORE PER PERSON

List all expenditures incurred for the purpose of lobbying in the total sum of \$150 or more per person during the statement period.

Name & Address	Amount or Value
n/a	0.00

☐ Check here if additional sheets are attached

PART II. CONTRIBUTIONS RECEIVED

List all contributions received for the purpose of lobbying in the total sum of \$25 or more per person during the statement period.

Name & Address	Amount or Value
n/a	0.00

☐ Check here if additional sheets are attached

PART III. SUBJECT AREAS OF LOBBYING

Legislative and/or administrative action in the following areas was supported or opposed during the statement period:

- | | | | |
|---|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other (indicate below): |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

I hereby certify that the statements made above are correct and complete to the best of my knowledge

Signature of Authorized Person

Elizabeth Gallenagh

Print Name

Date

Vice President, Gov't Affairs

Title